



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
STATE FIRE MARSHAL'S OFFICE  
CODES ENFORCEMENT SECTION**

Davy Crockett Tower, Third Floor  
500 James Robertson Parkway  
Nashville, Tennessee 37243-1162  
Phone (615) 741-7190  
Fax: (615) 253-3267

<http://www.state.tn.us/commerce/sfm/modindex.html>

**MODULAR BUILDING UNIT – COMPLIANCE ASSURANCE MANUAL**  
**SUBMITTAL INSTRUCTIONS**

All Modular Building Unit Compliance Assurance Manual submissions must use the Modular Building Unit – Compliance Assurance Manual Submittal Form. The submittal form applies to all compliance assurance manual submittals and revisions. An individual check and submittal form is required for each submittal (**i.e., one check for multiple submittals will no longer be accepted**). Also, the check number **is required** to be listed on the submittal form, and the words Compliance Assurance is to be placed on the “**FOR**” line of the check.

**Instructions:** (Note) Print clearly in ink or type the following information.

1. Enter the Month and Day.
2. Enter the Year.
3. Enter the name of the Design Review Agency's Plans Reviewer.
4. Enter the name of the Design Review Agency.
5. Enter the Design Review Agency's Street Address or P. O. Box Number.
6. Enter the Design Review Agency's City Address.
7. Enter the Design Review Agency's State Address.
8. Enter the Design Review Agency's Zip Code.
9. Enter the Design Review Agency's Phone Number with Area Code.
10. Enter the Design Review Agency's FAX Number with Area Code.

11. Enter the Design Review Agency's E-Mail Address. (If Available)
12. Enter the name of the Manufacturer.
13. Enter the Manufacturer's Street Address or P. O. Box Number.
14. Enter the Manufacturer's City Address.
15. Enter the Manufacturer's State Address.
16. Enter the Manufacturer's Zip Code.
17. Enter the Manufacturer's Phone Number with Area Code.
18. Enter the Manufacturer's FAX Number with Area Code.
19. Enter the Manufacturer's E-Mail Address. (If Available)
20. Enter Initial or the Assigned Manual Revision Number.
21. Enter a complete description of the manual contents or revision including the occupancy group(s) it concerns, as per the adopted code.
22. Review the Submittal Notes prior to submitting. Following these notes will help in processing your submittal in a timely manner.
23. Include a one hundred (\$100.00) dollar check with each submittal. A separate check is required for each submittal. **NO EXCEPTIONS.**
24. Enter the Check Number.
25. Provide a check made payable to, The State of Tennessee, Department of Commerce and Insurance.

All items on the form **MUST** be completed in its entirety prior to submission. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing and may require additional information.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.



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**MODULAR BUILDING UNIT – COMPLIANCE ASSURANCE MANUAL SUBMITTAL**

Date: \_\_\_\_\_, 20\_\_\_\_ DRA Plans Reviewer: \_\_\_\_\_  
(Print Clearly)

Design Review Agency (DRA) Name: \_\_\_\_\_

DRA Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Manufacturer's (MFG) Name: \_\_\_\_\_

MFG Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Initial or Assigned Revision Number	DESCRIPTION OF COMPLIANCE ASSURANCE MANUAL SUBMITTAL

**SUBMITTAL NOTES:** (Please Review Before Submitting)

- (1) Provide **one (1) submittal form** and **one (1) check** for **each** plan, manual or revision submitted.
- (2) All plans must have a "Tennessee Plan Number", i.e., serial numbers **are not acceptable**.
- (3) All plan numbers **must be** in blueprint/Cadd form, i.e., pencil, ink and/or any stick-ons added to the drawings **are not acceptable and will be required to be revised and resubmitted with an additional submittal filing fee**.
- (4) If this is a revision, **Plan Number must be the same as the first submission**.

**INCLUDE \$100.00 DOCUMENT FILING SUBMITTAL FEE**

Check No. : \_\_\_\_\_

CHECK **MUST** BE PAYABLE TO: TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE